MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

September 21, 2017 - 9:30 am to 3:00 pm
Polk County River Place, Room 1A
2309 Euclid Ave, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska (phone)	Betty King
Peter Brantner	Geoffrey Lauer
Thomas Broeker	Brett McLain
Dennis Bush	John Parmeter
Jody Eaton	Rebecca Peterson
Kathryn Johnson	Rebecca Schmitz (phone)

MHDS COMMISSION MEMBERS ABSENT:

Senator Mark Costello	Senator Liz Mathis
Marsha Edgington	Representative Scott Ourth
Representative David Heaton	Marilyn Seemann
Sharon Lambert	Jennifer Sheehan

OTHER ATTENDEES:

Theresa Armstrong	DHS, MHDS, Community Services & Planning Bureau Chief
Kris Bell	Legislative Services Agency
Jess Benson	Legislative Services Agency
Teresa Bomhoff	NAMI Greater Des Moines/Mental Health Planning Council
Whitney Driscoll	Disability Rights Iowa
Christie Gerken	Iowa Advocates for Mental Health Recovery
Charlene Joens	Disability Rights Iowa
Linda Keller	Iowa Department of Inspections and Appeals
Julie Maas	MHDS, Community Services & Planning/CDD
John McCalley	Amerigroup Iowa
Ellen Ritter	Heart of Iowa Community Services
Susan Zalenski	Johnson & Johnson

Welcome and Call to Order

John Parmeter called the meeting to order at 9:37 am and led introductions. Quorum was established with ten members present and two participating by phone. No conflicts of interest were identified.

Approval of Minutes

Thomas Broeker made a motion to approve the August 17th meeting minutes as presented. Dennis Bush seconded the motion. The motion passed unanimously.

MHDS Update – Theresa Armstrong

Theresa Armstrong discussed Senate File 504 which charged the Department of Human Services to convene a work group to make recommendations to the Governor and General Assembly relating to the service delivery of, access to, and coordination of mental health, disability, and substance use disorder services and supports for individuals with complex needs. This includes individuals with co-occurring mental health and substance use disorder, co-occurring mental illness and intellectual disability, and individuals that due to their illness or

disability have aggressive behavior that make it difficult for our current system to meet their needs.

Theresa said the work group had their first meeting on August 22, 2017 and will have a total of five meetings. Theresa said the work group's report is due to the Governor and General Assembly on December 15, 2017. Theresa said the MHDS Regions are also directed by SF504 to form local work groups to develop processes, policies, and practices for the same group of people as the statewide work group. Theresa said the regions had to move quickly on their work group meetings because their community service plans are due to the DHS on October 16, 2017. DHS will share those plans with the work group and part of the recommendations in their report will include the selection of key strategies from the community service plans that will improve our system.

Theresa said the community service plans will also include outcomes agreed upon by DHS and the regions. The following outcomes were agreed upon by DHS and the MHDS Regions: the number of individuals who are in the emergency department over 24 hours because mental health, disability, or substance use disorder services are not available; the number of individuals who are psychiatrically hospitalized 24 hours beyond the hospital determining them ready for discharge because community based mental health, disability, or substance use disorder services are not available; the number of individuals with a mental illness, intellectual disability, or substance use disorder who could have been diverted or released from jail if appropriate community based services had been available; the number of individuals involuntarily discharged from their community based mental health, disability or substance use disorder provider without a new community based provider in place. This includes, individuals discharged to jail, homelessness, or hospital that are not returning to services with their current provider. The regions will be collecting data on a monthly basis and reporting it quarterly to DHS from November 1, 2017 – October 31, 2018. Theresa said DHS has another report due in December 2018 regarding the success of the community service plans.

Dennis Bush asked if the outcomes take into account Cherokee. Theresa said that both the mental health institutes should be included when the regions are gathering data for the outcomes.

Kathy Johnson asked if there is any discussion on adding this measure to the bed tracking system. Theresa said that it hasn't been discussed and could be a possibility in the long term. Theresa said that given the tight time frame everyone agreed the reporting method would most likely be a spreadsheet.

Kathy Johnson said that it sounds like the regions are responsible for collecting the data but will be relying on providers, hospitals, and jails to gather the information. Kathy asked if they anticipate it will be difficult to get the data. Jody Eaton said that the regions have already started reaching out and forming those relationships but they do have concerns about reaching providers who are outside their networks.

Theresa said the Children's Mental Health and Well-being Advisory Committee is having their first meeting on September 26, 2017 and Julie Maas will be staffing the committee. The meeting announcement with agenda will be sent out as soon as possible. The children's mental health crisis grants were a recommendation from the Children's Mental Health and Well-being Workgroup and those grants ended on June 30th 2017. The recipients were Seasons Center in Spencer and YSS in Mason City. The learning labs will continue through the end of 2017. Theresa said that an RFP was released for Children's Collaboratives which has one entity

taking a lead responsibility of a group of entities in developing a way children's services are delivered with a mindset of prevention and awareness. Contracts were awarded to Seasons Center, YSS, and Prevent Child Abuse Iowa. Seasons Center will cover 19 counties in northwest Iowa including Lyon, Osceola, Dickenson, Emmet, Sioux, O'Brien, Clay, Palo Alto, Plymouth, Cherokee, Buena Vista, Pocahontas, Woodbury, Ida, Sac, Calhoun, Monona, Crawford, and Carroll. YSS will cover six counties in central Iowa that includes Franklin, Hamilton, Hardin, Boone, Story, and Marshall. Prevent Child Abuse Iowa will cover three counties in southeast Iowa that includes Wapello, Jefferson and Van Buren.

John Parmeter asked if there is more clarification on when the state will start paying for crisis services. Theresa said that there isn't any more money for the development of crisis services and there are already some crisis services in the adult system that Medicaid and the regions are funding. Theresa said that the codes for crisis services have been developed and the state is working with the MCOs to finalize floor rates. Geoff Lauer asked what is holding up the process and what the timeline for completion. Theresa said there are active discussions going on regarding crisis services and there are some crisis services that can be paid for right now and have floor rates. The challenge was the definitions added in IAC Chapter 24 included services that are being provided differently now than they were before and we had to research nationally data bases and pull data from the regions which takes time. Theresa said the two services that are still being discussed are crisis residential and 23 hour observation and holding. It was discussed that some regions were already paying for crisis residential but each were using the service differently and paying in different ways which was part of determining the codes with the MCOs. Theresa said that Mikki Stier is the new Deputy Director of DHS and she is committed to moving the process forward as quickly as possible.

Tom Bouska asked if the crisis services are also for children with a serious emotional disorder. Theresa said that diagnosis isn't a requirement for the service. If a mobile crisis provider receives a call and they serve children they will go out regardless of the diagnosis.

There was discussion on the closing of a crisis stabilization facility and if the Commission needs to make more changes to the rules in Chapter 24. Theresa said that Medicaid needs to run rules through that define the services and requirements to provide the service. Theresa said those rules do not prevent the MCOs from being able to pay for the services and Medicaid will refer back to Chapter 24 for their rules. There was discussion on when the MCOs would start paying for crisis services and if they will pay before the Medicaid rules are in place. Theresa said that once the codes and rates are in place MCOs can start paying for crisis services.

There was discussion on if any other services like supportive housing are being considered in addition to crisis services. Theresa said that she is not aware of any new services being added and supportive housing as a service isn't being considered but components of the service are billable through Medicaid.

Theresa said SAMHSA was in Iowa September 12-15 for the mental health block grant site visit. DHS's review took place as a combined review with the Department of Public Health but each had their own reviewers. DHS's reviewer talked to MHDS and fiscal staff about Iowa's mental health system for children and adults. The reviewer had time set aside to meet with the Mental Health Planning Council as well as other individuals and family identified through NAMI and the MHPC. Theresa said that SAMHSA's feedback was overall positive and they liked the progress that has been made in regionalization but did hear that it wasn't working quite as it was intended. Theresa said that the reviewer liked the progress made with data collection, the development of evidence based practices, and how many agencies are providing both mental

health and substance use disorder treatment services. Theresa said that the reviewer liked the amount of collaboration that takes place with other state agencies. The reviewer also viewed it as a positive to have MHDS and IME under the same umbrella agency and how closely MHDS works with IME in moving practices forward. Theresa said that SAMHSA will give recommendations for technical assistance ideas for areas like workforce development and increasing diversity on the Planning Council and in developing the block grant plan.

Theresa gave an update on Disaster Behavioral Health Teams. DHS first started this project seven or eight years ago when there were disasters in Iowa and many of the current volunteers work at community mental health centers or are retired. Volunteers not only go out and assist with natural disaster but also assist with other local events like traffic accidents where a youth died, or suicide in high schools. Karen Hyatt manages this program and held introductory trainings for current volunteers as well as inviting new people to the table to see who is still interested and also to recruit new members. These trainings will continue through the next year.

Geoff Lauer asked if there is an estimate of when the MCO contracts will be complete. Theresa said that she does not have any information on that and isn't able to answer that question.

Geoff said the media reported there may be some reconsideration of reinstating mental health and disability long term services and supports to the state or carving them out from the MCOs. Geoff asked if there are discussions taking place on carving out long term services and supports from the MCOs. Theresa said that Director Foxhoven has answered this question at a different meeting by saying the media report's interpretation of what he said went a bit further than he intended. He agrees the system isn't working as well as we need it to for the long term care population and DHS and the state need to look at all the options for long term services and supports including behavioral health. Director Foxhoven doesn't want to call it carving out because the focus is on how the services can be managed differently to be more effective. The long term care population utilizes ongoing services that assist them in living successfully in their community and should be managed differently than physical health needs like a broken leg that can be healed with treatment.

There was discussion regarding the difficulties providers are having with claims being denied by the MCOs for multiple reasons and the reasons frequently change. The Commission members discussed how having three MCOs with different procedures for processing claims complicates the billing process.

Disability Rights Iowa Jail Report and Recommendations – Whitney Driscoll

Whitney Driscoll introduced herself and thanked the Commission for inviting her to present her jail report. Whitney said that she will be going over the report which is called In Jail and Out of Options that was released in December 2016. Whitney said the report's purpose it to look at how county jails in Iowa are addressing individuals who are presenting with mental illness. Whitney said the report also looks at how de-institutionalization in Iowa has impacted the county jails and how many people are presenting at county jails that were previously living in facilities. Whitney said that she was hired at Disability Rights Iowa (DRI) to look into this issue because DRI was receiving numerous letters from inmates and family members concerned about the lack of treatment for individuals with mental illness in county jails. Whitney presented the report to the MHDS Commission.

John Parmeter said there are some people with mental illness who are dangerous but sometimes people with mental illness are put in jail because there is nowhere else for them to go. John asked how many people fall into that category. Whitney said that a majority of the people in jail with mental illness would probably fall into that area. Whitney said that when the police are called out to those situations their options are take them to jail, sit at the hospital with them, or leave them and if they take them to jail they know there is someone who can watch them. Whitney said that all county jails are different and how they handle those situations and it really depends on the level of training they have received and the attitude of the local sheriff. John asked if there are still communal cells in county jails. Whitney said that most jails have general population cells which tend to be safer because if people intend to harm themselves they need usually need privacy. Whitney said that jails typically respond to suicide attempts with force or isolation which can cause lasting damage to a person's mental health.

Kathy Johnson asked if it is the jail's responsibility to fund mental health services for individuals in jail. Whitney said that it depends on the situation and sheriffs are looking at ways to partner with their MHDS Region or fund the services themselves. Tom Broeker said that mental health and jails are funded through separate levies and the jail levy is capped at $3.50.

There was discussion on possible solutions to the jail crisis including CIT training for jail staff, jail diversion, mobile crisis, crisis stabilization and post booking jail diversion. John asked if the jail report has been presented to the legislature and Whitney said that it has not but it is available to the public.

Medicaid Managed Care Executive Summary
John reviewed the legislative charge to the Commission regarding the executive summary, and presented a draft of an executive summary.

The Commission shared concerns they have heard about the Medicaid Managed Care transition over the course of 2017 and noted that they were the same concerns as 2016. These concerns included billing concerns, communication between MCOs and providers, reduced lengths of stay and short notice of discharge, delayed services, access to additional 1915(b)(3) services, an increased shortage in direct care workforce, reduction of out of state placements, and having a standardized level of care assessment that accurately captures the needs of individuals with a brain injury.

Public Comment
Deb Bush expressed concern about how the MCOs are held accountable and encouraged the state to provide the public with reports on how they are meeting standards in a way that the average person can understand. Deb said that as a family member of someone who relies on services she wants to know that the MCOs are being monitored and fulfilling their contract duties without unnecessarily cutting services. Deb asked Betty King what she thinks about the MCO situation and Betty said that when you repeatedly hear the same complaints it erodes people's confidence in the system. Geoff Lauer said that the Brain Injury Alliance is an advocacy agency and they track patterns to take to the legislature.

Kathy Johnson asked if the MCOs are on a performance based payment. Theresa Armstrong said that they are and there are specific measures they need to meet. Theresa said that there is a specific bureau at IME that monitors the contracts with the MCOs.

John McCalley said that he works for Amerigroup and the MCOs are required to submit quarterly reports to IME that include specific items they are required to track including why people are submitting grievances. John said that Medicaid is having weekly meetings with each of the MCOs and the provider trade groups on a monthly basis. John said that if anyone has additional questions or concerns they would like to discuss with him he can be contacted at john.mccalley@amerigroup.com or by phone at 515.327.7012 x47471 or 515.705.8350.

The Commission adjourned for lunch at 12:00 pm and reconvened at 1:00 pm.

Overview of Medicaid Eligibility –Amela Alibasic and Wendy Rickman
Amela Alibasic and Wendy Rickman introduced themselves and Amela presented a power point on Medicaid eligibility and changes since the Affordable Care Act was introduced.

John Parmeter asked what the Federal Poverty Level is and Wendy said that it is 24,000 for a family of four. John asked what data was used to determine income and Amela stated that it is a federal match against IRS data as well as state sources. Amela said that the state has to comply with the reasonably compatible test which gives a 10% threshold and they don't need the exact amount of income.

Amela discussed how individuals in residential care facilities and HCBS Waivers must also meet level of care requirements to receive those services through Medicaid. Geoff Lauer asked how the level of care determination is done. Amela stated that happens through IME or the MCO and is done post eligibility. Wendy Rickman said that structurally at DHS as it relates to the Medicaid their division sets the eligibility policy and IME sets all the rules about enrollment and payment. Wendy gave the example of an individual receiving habilitation services and that whether or not they are able to receive those services is not an eligibility determination because they are already determined eligible for Medicaid, it is instead a secondary test to see if they should receive a specific service. Kathy Johnson asked if determining the 150% poverty level happens at IME. Amela said that it does happen through IME and that individuals receiving habilitation are not a separate coverage group but habilitation services are additional services a person can receive if they are a part of one of the Medicaid coverage groups. Amela said they must first meet Medicaid eligibility and then meet the separate tests to determine eligibility for habilitation services. Kathy asked how the eligibility and Federal Poverty Level is communicated to the MCOs. Amela stated that determining eligibility for Medicaid and for specific services happens before the MCO is notified and they receive a file stating that the person is eligible for the additional services. Amela stated that the MCOs do not have to determine if the person meets the federal poverty level. Kathy asked if there have been glitches in the system that have miscalculated people's income because providers are receiving notification that individuals are no longer eligible for services due to their income rising about the federal poverty level but when the providers research it they are told they do meet the federal poverty level. Amela said there has been a thorough review to make sure that the right people are getting the right services.

Theresa Armstrong clarified that for all HCBS Waivers once a slot becomes available the case manager is notified and they have to submit paperwork which goes to Telligan to determine if the individual meets the level of care to receive HCBS Waiver services.

There was discussion on presumptive eligibility. Amela stated that presumptive eligibility is not an coverage group but is a process to determine eligibility. The process is that a hospital can apply to DHS to become a qualified entity (QE) and DHS will certify them if they have all the trainings and requirements. The QE would then assist individuals who don't have insurance can go into the DHS portal and approve that person for Medicaid if the individual meets the requirements for Medicaid and then send the application to DHS through the portal. Amela stated that Iowa has had presumptive eligibility in place in the past for providers who serve children, pregnant women, and women with breast or cervical cancer and the ACA expanded this process to include hospitals. Amela stated that there are about 250 QEs in the state.

Amela stated that Medicaid eligibility is reviewed every 12 months and is mailed to the last known address. Kathy Johnson asked how far in advance the review forms are supposed to be mailed out. Amela said that it depends on the eligibility group and the MAGI population gets mailed out up to 60 days prior to their eligibility ending and non-MAGI are mailed out up to 45 days prior to eligibility ending. Amela said that people have an additional 90 days to submit their review after their eligibility ends to be determined eligible which is the reconsideration period. Kathy Johnson asked if someone misses their review and their eligibility is terminated but they get that information in within 90 days the close date will be taken out and their coverage will continue. Amela stated that was correct except for the HCBS Waiver population because they must continue to meet level of care for waiver and eligibility starts when the level of care is met. Kathy asked if the new legislation taking away retroactive coverage applies to the reconsideration period. Amela stated that it does not apply to the reconsideration period just to the 3 months prior to the initial application.

John Parmeter asked if undocumented immigrants are eligible for Medicaid. Amela stated that they are only to receive coverage in life threatening situations.

Amela stated that there is also limited coverage for people who are incarcerated and they are admitted to the hospital inpatient. DHS and DOC have developed a special application process for inmates who are planning a release from prison. There is a Medicaid process being started up to 30 days prior to their release so their Medicaid is set up when they are released. Dennis Bush asked if the same process is in place for people in county jails. Amela stated that county jails are different and the same process is not in place. Amela said that there is a process for the county jails to report to DHS when someone goes into jail and once they report the person is suspended so they are no longer active so if they go inpatient or are released they can easily be reinstated to full Medicaid. Amela stated that is a Federal requirement that individuals incarcerated are not eligible for Medicaid services. Wendy said the federal statute is clear on not providing Medicaid except in limited situations to someone who is incarcerated and it is difficult to set a process when the jails don't report to DHS. Amela said that once a person is in a county jail they are still eligible for Medicaid just not eligible to receive services so they are able to keep them in a suspended status and once the person notifies DHS that they are out of jail they can reinstate their Medicaid benefits. Amela stated that individuals are required to report changes to Medicaid. Kathy Johnson said that several providers received recoupment letters due to a person not reporting they were out of jail and when the provider checks the eligibility line they are listed as eligible and then months later receive notification that they receive a recoupment. Wendy said that this is an issue that Medicaid is reviewing and there will be follow up. Wendy said that it must be the jail or the individual who calls to report the individual is out of jail. Amela said it is a difficult process but the state must follow federal guidelines.

Committee Meetings
The MHDS Commission convened as a group to discuss their legislative priorities from last year and began discussion on this year's priorities. The group decided to move the discussion to next month's agenda.

Planning for October's Joint Meeting with the Mental Health Planning Council
October's meeting will be a joint meeting with the Mental Health Planning Council and in the afternoon the discussion will include legislative priorities and a possible presentation by the MHDS Regions on evidence based practices.

Public Comment
Teresa Bomhoff encouraged the Commission to look at the latest Ombudsman Report for concerns being reported to them and to look at core plus services being required for all the regions. Teresa said that merging departments at a state level may save the state money.

The meeting was adjourned at 3:10 pm

Minutes respectfully submitted by Julie Maas.